



Pediatric Medical Emergencies: Altered Mental Status

I. All Provider Levels

1. Follow the General Patient Care guidelines in section A1.
2. If no breathing is present, then position the airway and start bag valve ventilations using 100% oxygen.
 - A. Refer to the vital signs chart for appropriate rates.
3. If breathing is adequate, place the child in a position of comfort and administer high flow, 100% oxygen.
 - A. Use a non-rebreather mask or blow by as tolerated.
4. If the airway cannot be maintained initiate advanced management using a combi-tube.



Note Well: *Do not use a combi-tube on a patient younger than 16 years of age or less than 5-feet tall.*



Note Well: *The EMT-I and EMT-P should use ET intubation.*

5. Assess circulation and perfusion.
6. Call for ALS support. Initiate care and do not delay transport waiting for an ALS unit.



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I. All Provider Levels (continued)

7. Establish an IV of normal saline.



Note Well: *BLS Providers cannot start an IV on a patient less than eight years of age*



Note Well: *If IV access cannot be readily established and the child is younger than 6 years of age then ALS Providers only may proceed with IO access. If the child is over 6 years of age, then contact Medical Control for IO access.*



Note Well: *An ALS unit must be en route or on scene.*



Note Well: *If accidental or intentional overdose or ingestion is suspected and the provider is unsure of treatment modalities or effects Poison Control may be contacted at 202-625-3333 or through channel H11.*

8. If opiate overdose is suspected, administer Naloxone (Narcan) at 0.1 mg/kg IM (maximum single dose 2.0 mg)



- A. Contact medical control for additional doses.



Note Well: *The EMT-I/EMT-P can administer Naloxone (Narcan) at 0.1 mg/kg IV or IO if available. For ET administration, double the dose to 0.2 mg/kg.*



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I. All Provider Levels (continued)

9. Determine blood glucose level.
 - A. If the blood glucose level is lower than 80 mg/dl, the child is older than 12 years, and the child is able to control their airway, administer half a tube of oral glucose (approximately 12 gm).
 - B. If blood glucose level remains lower than 80 ml/dl and there is no change in the patient's mental status after the initial dose, oral glucose may be repeated once at the same dose (*Med Control Option Only*).



Note Well: *The EMT-I/EMT-P should administer dextrose via IV if the oral glucose cannot be administered safely. However, oral glucose is the preferred treatment in the patient that is awake and able to control their airway.*

10. Assess vital signs.

II. Advanced Life Support Providers

1. Initiate cardiac monitoring.
2. If the blood glucose level is lower than 80 mg/dl, administer dextrose via IV/IO route as follows:
 - A. D₅₀W at 1.0 ml/kg for children older than two years
 - B. D₂₅W at 2.0 ml/kg for children younger than two years
 - C. D₁₀W at 5.0 ml/kg for neonates



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II. Advanced Life Support Providers (continued)

3. If blood glucose level is lower than 80 mg/dl and vascular access is unavailable, administer glucagon via IM injection.
 - A. Glucagon, 0.5 mg for patients less than 25kg
 - B. Glucagon, 1.0 mg for patients greater than 25kg
4. Repeat blood glucose determination 1 to 2 minutes after dextrose or glucagon administration.
5. If blood glucose level remains lower than 80 ml/dl and there is no change in the patient's mental status after the initial dose
 - A. Administer a single additional dose dextrose at the same dosage administered previously (*Med Control Option Only*)
6. If there is evidence of shock or a history of dehydration
 - A. Administer a fluid bolus of normal saline at 20 ml/kg set to maximum flow rate.
 - B. Reassess patient after a bolus. If signs of shock persist, a fluid bolus of 20ml/kg may be repeated twice, to a maximum total dose of 60 ml/kg.
7. Assess the patient's mental status.





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III. Transport Decision

1. Contact Medical Control for additional instructions.
2. Perform focused history and detailed physical exam en route to the hospital.
3. Expose the patient only as necessary and maintain the child's body temperature.
4. Reassess at least every 3-5 minutes, more frequently as necessary and possible.



IV. The Following Options are Available by Medical Control Only

1. Additional instructions
2. Additional dose of Naloxone (Narcan) at 0.1mg/kg IM (EMT- B), IV/ET (EMT-I / EMT-P) (maximum single dose 2.0 mg)
3. Additional dose of Oral Glucose at 12 gm
4. Additional dose of Dextrose
 - A. D₅₀W at 1.0 ml/kg for children older than two years
 - B. D₂₅W at 2.0 ml/kg for children younger than two years
 - C. D₁₀W at 5.0 ml/kg for neonates
5. IO access for patients greater than 6 years of age.



This protocol was developed and revised by Children's National Medical Center, Center for Prehospital Pediatrics, Division of Emergency Medicine and Trauma Services, Washington, D.C.



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